

KIND OF BUSINESS: ANNUAL DANCE/SC

COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012

BUSINESS LICENSE APPLICATION REFERRAL SUMMARY SHEET

ADDI	RESS OF BUSINESS: 23460 CINEMA DR	F, VALENCIA, CA 913	355	
TELE	PHONE: (661) 296-1268			
OWN	ER OF BUSINESS: JAN FRISHETTE			
CAL.	DR. LIC.# :			
NAM	E OF PERSON FINGERPRINTED: JAN F	RISHETTE		
FICT	TIOUS NAME: STUDIO 1 DANCE ACADE	CMY		
MAIL	ING ADDRESS: 43 WELM AVE. BURB	anga artistica)		
DATI	E THAT YOU STARTED BUSINESS:			
PREV	TOUS OWNER'S NAME, IF KNOWN:			
THIS	IS AN APPLICATION FOR: NEW LICENS	SE		
		<u>APPROVED</u>	DATE	SIGNATURE
	1. Animal Care & Control			
	2. Risk Management			
X	3. Building & Safety	YES	02/01/16	nlove
X	4. Fire Department	YES	02/02/16	tchen
	5. Public Health			
X	6. Treasurer & Tax Collector	YES	07/06/16	nlove
X	7. Business License Commission			
	8. Sheriff Department			
X	9. Regional Planning Commission	YES	02/01/16	nlove
	10. Weights and Measures			
X	11 Publishing	YES	07/15/16	tchen

YES.

Conditions:

X

12. Public Works - EPD

13. Sheriff Fingerprint

14. Emergency Medical Services

nlove

02/02/16



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$				l	D# 142528
	BUSIN	ESS INFORM	ATION		
Type of Business:	Ad	dress of Business:		<u> </u>	
Dance Studio	2.	3460 G	nema	Dr. Suite 1	- Valencia Ca
Start Date (Projected): 2//0/20/5 DBA (Business Name):	Bu	siness Telephone	296-1	268	-Valencia Ca 91355
DBA (Business Name):	Ma	illing Address:			
Studio 1 Dance Acade	emy -				<u>M, La ZUS</u> OB
Sellers Permit # (State Board of Equa		_			
Business Ownership Structure:	Single Own	er // Partnershi	p LLC	Corporation	
If LLC or Corporation, the informatio					
Date of Incorporation:	inc	orporated in the	State of:		
Exact Corporate Name:				,	
Names of Officers		Addresses			Titles
				<u> </u>	
,	i				
	APPLIC	ANT INFORM	MATION		
Applicant's Full Name: Jan Frishette					
Home Address:					
Notice Address:					
Home Telephone:	Cell Phone:		Email addr	ess:	
			missia	n Frisheth	eapachell.net
Social Security #:	Date of Birth;		Place of Bi		
540-27-1546					2 <u>2</u>
Driver's License or State ID#:			Expiration [Date Land	
Male Female Height	Weigh	t (2) H	air Color	Eye Color	
The information contained herein is license applied for, I agree to submilicense in accordance with regulation used in connection therewith in conduction	t any additional info ons established for st	ormation that may uch business and to oplicable laws, or	y be required, to maintain al	to conduct all pha I trucks and/or equ	ses of this business
Application taken by:	icole los	N		Date:	5/16.

^{*} If you suspect fraud or wrong doing by a County of Los Angeles employee, report to fraud hotline 1-200-544-6861



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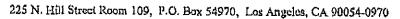
225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

ADDRESS OF BUSINES	S: 23460 CINEMA DR F, VALENCIA, CA	91355
TELEPHONE: (661) 296-	1268	
OWNER OF BUSINESS:	JAN FRISHETTE	
CAL. DR. LIC#		
NAME OF PERSON FIN	GERPRINTED:	
FICTITIOUS NAME: ST	UDIO 1 DANCE ACADEMY	•
MAILING ADDRESS:	B WEEMAVE, BURBANK CA 11706	
DATE THAT YOU STAF	RTED BUSINESS:	
PREVIOUS OWNER'S N	AME, IF KNOWN:	
THIS IS AN APPLICATI	ON FOR: NEW LICENSE	
	BUILDING & SAI SANTA CLARITA	
	APPROVAL	☐ DENIAL
RECOMMENDATION:	We ire commend this time.	approval at
SIGNATURE:	Hamrick	DATE: 2/1/16
BASICLICENSE NO. 8298	DATE 02/01/16	IDENTIFICATION NUMBER 142928



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR





BUSINESS LICENSE APPLICATION REFERRAL

KIND OF BUSINESS: AN	NUAL DANCE/SC		
ADDRESS OF BUSINESS	: 23460 CINEMA DR F, V	alencia, ca 91	355
TELEPHONE: (661) 296-1	268		
OWNER OF BUSINESS:	JAN FRISHETTE		
CAL. DR. LIC#:			•
NAME OF PERSON FING	ERPRINTED:		
FICTITIOUS NAME: STU	DIO 1 DANCE ACADEMY		
MAILING ADDRESS:	Maring And Bordank		
DATE THAT YOU STAR	TED BUSINESS:		
PREVIOUS OWNER'S NA	ME, IF KNOWN:		
THIS IS AN APPLICATIO	N FOR: NEW LICENSE		•
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	LA	COUNTY	
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,	APPROVAL		☐ DENIAL
RECOMMENDATION:		i jeriya masarangi, gi karapilikusta ayar ayar ayar ayar ay	and by the state of the state o
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SIGNATURE:	2 William +	Boller	DATE: 2/3/16
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BASICLICENSE NO. 8298

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COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR



225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

BUSINESS LICENSE APPLICATION REFERRAL

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ADDRESS OF BUSINESS	5: 23460 CINEMA I	OR F, VALENCIA, CA	91355	
TELEPHONE: (661) 296-1	1268			
OWNER OF BUSINESS:	JAN FRISHETTE			
CAL. DR. LIC# :				
NAME OF PERSON FINO	GERPRINTED:			
FICTITIOUS NAME: ST	UDIO 1 DANCE ACA	ADEMY		
MAILING ADDRESS:		REANIE, CAUSES		
DATE THAT YOU STAR	TED BUSINESS:			
PREVIOUS OWNER'S NA	AME, IF KNOWN:			
THIS IS AN APPLICATIO	ON FOR: NEW LIC	_		
<u></u>	***************************************	JAN H	RISHETTE 818-781-3435	
	TREASUR	ER & TAX C	OLLECTOR	
		LA COUNTY		
	APPROVAL	,	☐ DENIAL	
RECOMMENDATION:			·	
SIGNATURE			DATE: 6-28-16	
		DATE 02/04/55		
BASICLICENSE NO 8298	1	DATE 02/01/16	IDENTIFICATION NUMBER 142928	i

ZONING REFERRAL

TYPE OF BUSINESS(ES) Annual Dance ISC ADDRESS OF BUSINESS 23460 CINEMA Dr.			l.D. #:
BUSINESS LICENSE SECTION 2757 VALENCIA BLYD SANTA CLARITA CA 91355 FAX (661) 945-3512 DATE: FCH. 2016 TYPE OF BUSINESS (ES) AMNUAL DANCE SC ADDRESS OF BUSINESS 23460 CINEMA Dr. CITY VALENCIA ZIP CODE 91355 NAME OF OWNER Jan Frishette "DBA" Stydio 1 Dance Academy Tel. # (818) 731-3435 MAILING ADDRESS 23460 CINEMA Dr. Valencia Ca 91355 EXISTING USE YES (V) NO () USE PERMITTED IN ZONE M X USE NOT PERMITTED IN ZONE "APPROVED" REMARKS Feb. 12016	TO;	COMMUNITY DEVELOPMENT/PLANNING 23920 VALENCIA BLVD., STE # 140	
ADDRESS OF BUSINESS 23460 CINEMA Dr. CITY Valencia zip code 91355 NAME OF OWNER Jan Frishette "DBA" Studio 1 Dance Azademy TEL. # (818) 731-3435 MAILING ADDRESS 23460 CINEMA Dr. Valencia Ca 91355 EXISTING USE YES (V) NO() USE PERMITTED IN ZONE MX- USE NOT PERMITTED IN ZONE "APPROVED" REMARKS Feb. 12016	FROM:	BUSINESS LICENSE SECTION 23757 VALENCIA BLVD SANTA CLARITA CA 91355	
ADDRESS OF BUSINESS 23460 CINEMA DE CITY VALUNCIA ZIP CODE 91355 NAME OF OWNER JAN FRISHETTE "DBA" STUDIO 1 DANCE ACADEMY TEL # (818) 731-3435 MAILING ADDRESS 23460 CINEMA DE VALUNCIA CA 91355 EXISTING USE YES (V) NO () USE PERMITTED IN ZONE MY USE NOT PERMITTED IN ZONE "APPROVED" REMARKS Feb. 12016	DATE:	FEb.4,2016	
CITY Valencia ZIP CODE 91355 NAME OF OWNER JAN Frishette "DBA" Stydio 1 Dance Azademy Tel. # (818) 731-3435 MAILING ADDRESS 23460 (Unema Dr. Valencia) (2a 91355 EXISTING USE YES (V) NO () USE PERMITTED IN ZONE MX- USE NOT PERMITTED IN ZONE "APPROVED" REMARKS Feb. 12016	TYPE OF	Business(ES) Annual Dance Iso	
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NAME OF OWNER Jan Frishette "DBA" Studio 1 Dance Azademy TEL# (818) 731-3435 MAILING ADDRESS 23460 CUNEMA Dr. Valencia Ca 91355 EXISTING USE YES (V) NO() USE PERMITTED IN ZONE MX USE NOT PERMITTED IN ZONE "APPROVED" REMARKS Feb. 12016	ADDRES	s of business <u>23460 Cinema</u>	Dr.
"DBA" STUDIO 1 DANCE ACADEMY TEL# (818) 731-3435 MAILING ADDRESS 23460 CUNEMA Dr. Valencia Ca 91355 EXISTING USE YES (V) NO () USE PERMITTED IN ZONE MX (USE NOT PERMITTED IN ZONE "DENIED" REMARKS Feb. 12016	CITY	Valencia	ZIP CODE 91355
"DBA" STUDIO 1 DANCE ACADEMY TEL# (818) 731-3435 MAILING ADDRESS 23460 CUNEMA Dr. Valencia Ca 91355 EXISTING USE YES (V) NO () USE PERMITTED IN ZONE MX (USE NOT PERMITTED IN ZONE "DENIED" REMARKS Feb. 12016	NAME OF	FOWNER Jan Frishette	
MAILING ADDRESS 23460 (Mema Dr. Valencia) Ca 91355 EXISTING USE YES (V) NO () USE PERMITTED IN ZONE MY USE NOT PERMITTED IN ZONE "APPROVED" REMARKS Feb. 12016	•		TEL # (818) 731-3425
USE PERMITTED IN ZONE MX USE NOT PERMITTED IN ZONE "DENIED" REMARKS Feb-12010			
"APPROVED" REMARKS Feb. 12010	EXISTING	GUSE YES(V) NO()	
MM Feb. 1,2016			
	REMARK	(S	
		α	Feb.12016
f 1 $f 1$		SIGNATURE OF ZONING OFFICER	



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BUSINESS LICENSE APPLICATION REFERRAL

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ADDRESS OF BUSINESS	5; 23460 CINEMA DR	F, VALENCIA, CA 9	1355	
TELEPHONE: (661) 296-1	268			
OWNER OF BUSINESS:	JAN FRISHETTE	6/2/60		
CAL. DR. LIC# :				
NAME OF PERSON FING	GERPRINTED:			
FICTITIOUS NAME: ST	UDIO 1 DANCE ACAD	EMY		
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DATE THAT YOU STAR	TED BUSINESS:			
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THIS IS AN APPLICATION	ON FOR: NEW LICEN	NSE		
	SHERI	IFF FINGERE	PRINT	
		LA COUNTY		
	☑ APPROVAL		☐ DENIAL	
RECOMMENDATION:				
	Appricye.			
SIGNATURE: 125	53.64.7c		DATE: 2/1/16	

BASIC LICENSE NO. 8298

DATE 02/01/16

IDENTIFICATION NUMBER 142928

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